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CONFIRMATION NO. 3537

<b>SERIAL NUMBER</b> 10/606,150	<b>FILING OR 371(c) DATE</b> 06/24/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 100070.401C1
<b>APPLICANTS</b> Robin Callan, Bellevue, WA; Walter A. van Schalkwijk, Issaquah, WA; James J. Cole, Arlington, WA; Suhail Ahmad, Seattle, WA;				
<b>* CONTINUING DATA *****</b> This application is a CIP of 09/421,622 10/19/1999 PAT 6,610,206 which claims benefit of 60/105,049 10/20/1998				
<b>* FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/15/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 56
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 8		
<b>ADDRESS</b> 500				
<b>TITLE</b> Buffered compositions for dialysis				
<b>FILING FEE RECEIVED</b> 1509	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	